



TALBOT COUNTY EMERGENCY MEDICAL SERVICES ACCIDENT REPORT

Name: _____ Company: _____

Date Report Completed: ____/____/____ Date of Accident: ____/____/____ Time of Accident: ____:____

Location of Accident: _____

Unit Involved: _____ Other Vehicles Involved: _____

| At the time of the accident was the vehicle operating on an emergency call? | YES | NO |
|---|-----|----|
| | | |

| Did the vehicle have the appropriate emergency equipment activated? (Lights and Siren) | YES | NO |
|--|-----|----|
| | | |

Description of Accident: _____

(STATE WHAT HAPPENED, DAMAGE & ANY OTHER PERTINENT INFORMATION)

Witness(es), if any: _____ Reported to: _____

_____ Date: ____/____/____ Time: ____:____

Date: ____/____/____ Time: ____:____

(SIGNATURE AND POSITION OF PERSON PREPARING REPORT)

(DATE)

Comments: _____

Signature: _____ Date: _____

Reviewed By: _____ Date: _____